

## TRAVEL GIFT CHECKLIST

Employee's Name: \_\_\_\_\_

Employee's line office: \_\_\_\_\_

Time and place of travel: \_\_\_\_\_

\_\_\_\_\_

Identity of Donor: \_\_\_\_\_

For each travel payment, check the appropriate box:

	yes	no
Is the donor the recipient of a grant from the employee's agency/operating unit?	<input type="checkbox"/>	<input type="checkbox"/>

If so, identify the line office with which there is a grant: \_\_\_\_\_

Does the donor have a contract or business relationship with the employee's agency/operating unit?	<input type="checkbox"/>	<input type="checkbox"/>
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If so, identify the line office with which there is a contract or business relationship: \_\_\_\_\_

Is the donor regulated by the employee's agency/operating unit?	<input type="checkbox"/>	<input type="checkbox"/>
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If so, is there a matter currently pending before the agency/operating unit regarding the regulation of the donor?	<input type="checkbox"/>	<input type="checkbox"/>
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Does the donor have interests in controversial matters which may be affected by actions of the employee's agency/operating unit?	<input type="checkbox"/>	<input type="checkbox"/>
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If so, is there a matter currently pending before the employee's agency/operating unit which may affect the donor?	<input type="checkbox"/>	<input type="checkbox"/>
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If the response to any question is "yes," please list a contact person who can knowledgeably discuss the donor's dealings with the operating unit. You may also send this office any information which will explain such dealings. If no information is sent, this office will call the contact person identified.

Contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_